

# COVID-19 Vaccine Allocation for Initial Distribution

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## Today's Topics

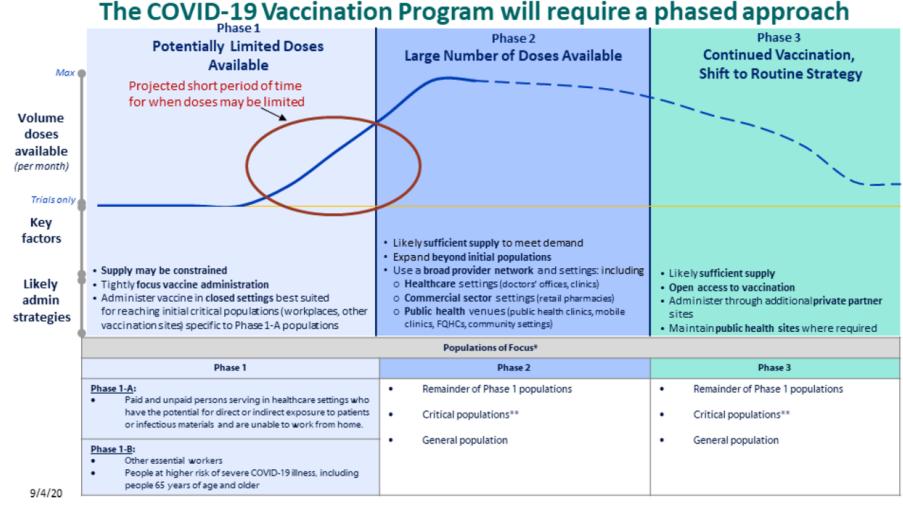
- Early Distribution Clarification of Purpose
- Provider Enrollment
- Initial Doses Allocation
- Request for a Recommendation
- Potential Allocation Considerations for Next Meeting



# Purpose of Early Distribution

- States were asked to identify one to five sites WITH ultra-cold freezers to distribute Pfizer vaccine after EUA but before ACIP (Advisory Committee on Immunization Practices) recommends vaccine
- Purpose is for a few providers to begin vaccine administration immediately after ACIP recommendation so that provider and state can get a sense of cadence and pace for this new vaccine
  - Share this information with other providers
- Timing difference in vaccine administration for early distribution sites and all other enrolled providers is 24-48 hours





<sup>\*</sup>Planning should consider that there may be initial age restrictions for vaccine products.

<sup>\*\*</sup>See Section 4: Critical Populations for information on Phase 1 subset and other critical population groups.



## Provider Enrollment

- COVID-19 Vaccine Provider Enrollment underway for Phase 1A
  - Public Health Districts, Hospitals, Federally Qualified Health Centers as VACCINATORS
  - To vaccinate the highest ranked Phase 1A healthcare workers
    - Inpatient facility healthcare workers
    - Long-Term Care Facility staff



### Scenario 1: Pfizer ultra-cold vaccine

# Scenario 1: FDA has authorized vaccine A for Emergency Use Authorization (EUA) in 2020

#### **Availability Assumptions**

	Vaccine availability under EUA by		
Candidate	End of Nov 2020	End of Dec 2020	Notes
Vaccine A	10M–20M doses	20M–30M doses	Ultra-cold (-70°C) storage requirements, for large sites only

#### Scenario 2: FDA has authorized vaccine B for EUA in 2020

#### **Availability Assumptions**

	Vaccine availability under EUA by		
Candidate	End of Nov 2020	End of Dec 2020	Notes
Vaccine B	~10M doses	~15M doses	Central distributor capacity required
			(-20°C)



## Scenario 3: Pfizer and Moderna Vaccines

#### Scenario 3: FDA has authorized vaccines A and B for EUA in 2020

#### **Availability Assumptions**

	Vaccine availability under EUA by		
Candidate	End of Nov 2020	End of Dec 2020	Notes
Vaccine A	10M–20M doses	20M-30M doses	Ultra-cold (-70°C), for large sites only
Vaccine B	~10M doses	~15M doses	Central distribution capacity required (-20°C)
Total	20M-30M doses	35M-45M doses	



- 1. A few weeks of Scenario 1 (Pfizer/ultra-cold vaccine)
- 2. Followed by Scenario 3 a few weeks later (Pfizer only and then Moderna vaccine)
- 3. Scenario 3 (Both Pfizer and Moderna recommended at the same time)

We're prepared for all three of these scenarios. We continue to enhance these plans daily.

## **UNOFFICIAL** Numbers of Initial Doses

- Idaho's UNOFFICIAL allocation number is now 51,975 ultra-cold Pfizer doses (53 trays/"pizza boxes")
- Assumption: Doses will be provided to inpatient healthcare workers and long-term care facility staff, based on CDC's Phase 1a population prioritizations & CVAC subgroup prioritizations

Regional	Inpatient HCWs &	<b>Rounded Number</b>	Number of Trays with
<b>Distribution</b>	LTCFs ▼	of Doses	975 doses 🔻
PHD1	14.69%	7,590	8
PHD2	7.36%	3,803	4
PHD3	14.66%	7,578	7
PHD4	33.53%	17,327	18
PHD5	10.44%	5,392	6
PHD6	9.56%	4,940	5
PHD7	9.76%	5,046	5
State Totals	100%	51,675	53



# Discussion



## Question For Your Consideration

Based on the assumption that Idaho will have a limited number of allocated doses in the coming weeks (estimated to be mid-December through early January) from the CDC and those doses will go to Idaho's Phase 1A subgroup rankings, do you approve this distribution plan to each region of the state for this initial allocation of doses?

Regional	Inpatient HCWs &	Number of Doses*
<b>Distribution</b> •	LTCFs <b>▼</b>	for Scenario 1
PHD1	14.69%	7,590
PHD2	7.36%	3,803
PHD3	14.66%	7,578
PHD4	33.53%	17,327
PHD5	10.44%	5,392
PHD6	9.56%	4,940
PHD7	9.76%	5,046
State Totals	100%	51,675

<sup>\*</sup>rounded due to minimum shipment of 975 doses



# Next Meeting Allocation Considerations

- Moving through Phase 1A subgroups if inpatient healthcare workers and long-term care facility staff have a low vaccine uptake
- Moving through Phase 1A subgroups if Moderna vaccine allocation is added
- Moving through Phase 1A subgroups if vaccination of healthcare
  workers at each facility have to be staggered over several days to
  account for adverse events (fatigue, headache, fever, etc.). Facilities will
  have to minimize the number of staff who could potentially be out sick at
  one time due to vaccine adverse events